

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91215 030 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P 96000079780**

1. Entity Name

Selgeto INC

666220

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3640 SW 40 AVE

3. Mailing Address

PO BOX 278408

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HOLLYWOOD

City & State

MIRAMAR, FL

4. FEI Number

65-0692537

Applied For

Not Applicable

Zip

Country

33023

Zip

Country

33027

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

JORGE UMANA

Street Address (P.O. Box Number is Not Acceptable)

3640 SW 40 AVE

City

HOLLYWOOD

FL

Zip Code

33023

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

JORGE UMANA

(Typed, printed or printed name of registered agent and title if applicable)

(Signature of registered agent required when releasing)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financial
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PRESIDENT
JORGE UMANA
3640 SW 40 AVE
HOLLYWOOD, FL 33023**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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CITY - ST - ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

I hereby certify that the information that I am an officer or director appears in Block 11 or on an

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/02 954-5389023

Daytime Phone #

CR2E034B (12/01)